

No. 52-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer Gage - Marlboro

Name of deceased Harry B. Spurr

Age 75 years 1 months 14 days

Place of death Newton St. Garage.

Date of death 1/23/52

Cause of death Sudden Death, presumably Coronary.

Interment at Rural - Southboro

Date permit issued 1/23/52

Certified by Walter Mahoney (medical examiner) M. D.

No. 52 - 1

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)

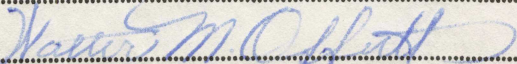
City or Town of Southboro Mass.

Name of deceased Harry B. Spurr

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass
(Name of cemetery or crematory)January 26, 1952 3 P.M.
onCertified by 
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 52.2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to J. L. Norton + Son Frammingham

Name of deceased Rob't V. Vitale

Age 5 years months days

Place of death Middle Rd. Southboro

Date of death February 1 '52

Cause of death Drowning

Interment at Rural Cem. Southboro

Date permit issued 2/2/52

Certified by S. Alden Guild. M. D.

No. 52-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Robert V. VitaleIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Feb. 3, 1955Certified by James M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm Tighe.

Name of deceased Margaret McCarthy (Colleary)

Age 86 years months days

Place of death Turnpike, Parryville.

Date of death 3/17/52

Cause of death Cerebral Hemorrhage.

Interment at Rural - Shoro

Date permit issued 3/18/52

Certified by Sher. M. D.

No. 52-3

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret McCarthy (colleary)

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on March 20, 1952 10 A. M.Certified by Katherine M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-4

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Sumner C. Sage.

Name of deceased Mary Ellis Goodnow.

Age 80 years 2 months 29 days

Place of death Oak Hill Rd, Jaspille.

Date of death 3/18/52

Cause of death Sudden Death, presumably C. Thrombosis

Interment at Rocklawn - Marlboro

Date permit issued 3/20/52

Certified by Walter Mahoney as Med. Ex. M. D.

No. 52-5

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Sumner L. Gage*Name of deceased *George Whitney Miller*Age *86* years *4* months *2* daysPlace of death *Southboro
carcinoma of prostate*Date of death *April 2, 1952*

Cause of death

Interment at *Crystal Lake Cem. Gardner*Date permit issued *April 3, 1952*Certified by *David Sher* M. D.

No. 52-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Crystal Lake Cemetery
(Name of cemetery or crematory)on April 4, 1952Certified by Richard R. Shaw
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

(Office Issuing Permit)

City or Town of Rock Mass.

Name of deceased U.S. War Veteran, specify what War organization, etc.

GARDNER, MASS. April 4 1952

GRAVE No. 5 LOT No. 298 SEC. No.

CRYSTAL LAKE CEMETERY

GREEN RIVER CEMETERY

GREEN RIVER EXT. CEMETERY

WILD WOOD CEMETERY

~~Crystal Lake~~

Charles R. Shaw Supt

No. 52-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Seymour Wood - HopkintonName of deceased Patrick Henry GormleyAge 84 years months daysPlace of death Melinda Rest Home - Ward RdDate of death 4/6/52Cause of death Cancer of face + earInterment at St Mary's Rest Home Milford.Date permit issued 4/8/52Certified by David Sher. M. D.

No. 52-6

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Bd. of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Patrick Henry GormleyIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

ST. MARY'S CEMETERYat _____
(Name of cemetery or crematory)on 4-9-'52Certified by J. J. Farnon
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

CITY OF NEWARK
DEPARTMENT OF HEALTH

No. 139

Newark, N. J., Mar 31 1952

PERMISSION IS HEREBY GIVEN to disinter the

remains of AMALIA Rigo; Age, 30 yrs

Date of Death, Oct 22 - 1918 Cause of Death, Tubercular Pneumonia

Occupation, TLW Place of Birth, N. D.

Place of Death, Kamlewanth; Certified by 4

and remove the same from MT. OLIVET St. Joseph's (Newark)

to Hopkinton Mass. for interment.

Dr. A. Harkin Health Officer.

THIS PERMIT MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.

T.F.CALLANAN

ent

No. 52-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to J. J. Callahan Church St.
Hopkinton.

Name of deceased Amalia Riga

Age 30 years months days

Place of death Kenilworth, N.J.

Date of death 10-22-'18

Cause of death Influenzal Pneumonia

Interment at Rural - Southboro

Date permit issued 4/8/52

Certified by a disinterment permit from The
Dept of Health Office of Newark, N.J. dated 3/31/52 M. D.

No. 52-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro.....Mass.Name of deceased Amalia Riga.....If a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on April 9, 1952 1-30 P.M.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-8

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Sumner B. Gage.*Name of deceased *James E. O'Leary*Age *75* years *10* months *23* daysPlace of death *at home - Latisquama Rd.*Date of death *June 3, 1952*Cause of death *Hypertensive Heart Disease* *with Left Ventricular Failure.*Interment at *Rural - Sandusky*Date permit issued *June 3, 1952.*Certified by *Hugh Tolson* **M. D.**

No. 52-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James E. O'LearyIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 5, 1952 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

HEALTH DEPARTMENT DISTRICT OF COLUMBIA BURIAL TRANSIT PERMIT

Date issued

3-29-

19

52

No.

514110

Name of deceased

Henry P. Kidder Jr.

Place of death

Emergency

Date of death

2-29-

19

52

Sex

m

Color

y

Age

24

Cause of death

Chronic Ulcerative Colitis

Permission is hereby given for the removal of the remains of the above-named person by under-
taker Spawker's Sons to Cedar Hill, Md for Interment

on

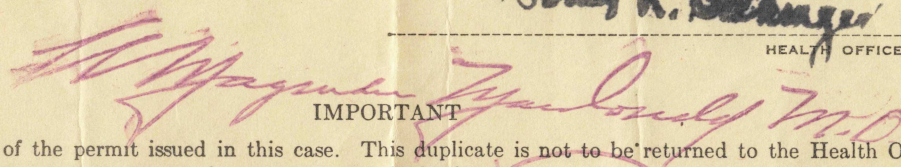
3-4-

19

52



HEALTH OFFICER



IMPORTANT

This is a duplicate of the permit issued in this case. This duplicate is not to be returned to the Health Officer of the District of Columbia, but must accompany the remains to their destination.

CREMATION APPROVED

No. 52 - 9

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walker M. OffuttName of deceased Henry P. Kidder Jr.Age 24 years — months — daysPlace of death "Emergency" - D.C. (Washington)Date of death 2 - 19 - 52Cause of death Chronic Ulcerative Colitis.Interment at Arlington - Rural - SouthboroDate permit issued 6 - 21 - 52Certified by W. Magnus Macdonald. M. D.

No. 52-9

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Henry P. Kidder, Jr.

If a U. S. War Veteran, specify what war, organization, etc.

1.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burnett Park Cemetery, Southboro, Mass
(Name of cemetery or crematory)on June 21, 1952 11 A.M.Certified by Karter McQuinn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Leonello J. LottiAge 67 years months daysPlace of death Park St. SouthboroDate of death 8/14/52Cause of death Sudden Death - presumably coronary
sclerosisInterment at Rural Cem. SouthboroDate permit issued 8/15/52Certified by Walker Mahoney medical
examiner. **M. D.**

No. 52-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Leonello F. LottiIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on August 16, 1952 10 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 152-11

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to *Agent Board of Health*
(Office issuing permit)City or Town of *Southboro* Mass.Name of deceased *Ida F. Farmer Gray*

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at *Rural Cem. Southboro*
(Name of cemetery or crematory)on *Sept 1, 1952*Certified by *Walter M. Offutt*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Sumner C. Gage*Name of deceased *Ida Florence Gray*Age *82* years *11* months *12* daysPlace of death *Fayville - Southboro*Date of death *August 31, 1952*Cause of death *Cerebral thrombosis*Interment at *Rural Cem. Southboro*Date permit issued *August 31, 1952*Certified by *John Paul O'Hearn* M. D.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Name of deceased

Age years months days

Place of death *void*

Date of death

Cause of death

Interment at

Date permit issued

Certified by M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Seymour Wood - Hopkinton

Name of deceased

Charles A. Legan

Age

74

years

3

months

0

days

Place of death

Parkville Road.

Date of death

10 Sept '52

Cause of death

Cerebral Hemorrhage.

Interment at

Rural - Southboro

Date permit issued

11 Sept '52

Certified by

Timothy Stone.

M. D.

No.

52-12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health.

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Charles H. Legay

If a U. S. War Veteran, specify what war, organization, etc.

—

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.

(Name of cemetery or crematory)

on September 12, 1952

3 P.M.

Certified by

(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-13**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Sumner E. GageName of deceased Barbara Birss DempseyAge 81 years 10 months 7 daysPlace of death School St., SouthboroDate of death 9-22-52Cause of death Carcinoma of Cecum.Interment at Mt. Hope Cem'y - BostonDate permit issued 9-23-52Certified by R. A. Johnson M. D.

No. 52-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro. Mass.Name of deceased Barbara Bross DempseyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at MOUNT HOPE CEMETERY
(Name of cemetery or crematory)on 9-24-51Certified by PJ Curley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

J. J. Brown + Son - Marlboro.

Name of deceased

Arlene B. Mattioli

Age

30

years

1

months

13

days

Place of death

E. Main St.

Date of death

OCT 15 1952

Cause of death

Rheum. Heart Disease.

Interment at

Rural - Marlboro

Date permit issued

OCT 17 1952

Certified by

A. E. LeMarbre

M. D.

OCT 17 1952

No.

52

14

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Arlene B. Mattioli

If a U. S. War Veteran, specify what war, organization, etc.

—

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cem. Southboro

(Name of cemetery or crematory)

on

October 18, 1952

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52 15

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to George Sr. Pierol + Son
Springfield, Mass.
Name of deceased Albert PLANTE

Age 51 years - months - days

Place of death Impike, corner of White Bagley Rd.

Date of death OCT 18 1952

Cause of death Fractured skull + cervical spine.
(struck by automobile)

Interment at St. Michael's Springfield.

Date permit issued OCT 19 1952

Certified by Walter Mahoney (med exam) M. D.

OCT 19 1952

No.

52 15

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert PlanteIf a U. S. War Veteran, specify what war, organization, etc.
-**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michaels Spfld Mass
(Name of cemetery or crematory)on Oct 21, 1952Certified by M. F. Hanna
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William R. Miller, WalthamName of deceased Gordon A. KenisonAge 28 years 6 months 18 daysPlace of death Framingham Rd., SouthboroDate of death OCT 20 1952Cause of death Fractured SkullInterment at Mt. Feake Cem. - WalthamDate permit issued OCT 21 1952Certified by W. F. Mahoney (med. exam.) M. D.

OCT 21 1952

No. 52 16

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Gordon A. Kenison

If a U. S. War Veteran, specify what war, organization, etc.

WWII - 11/2/42 - 12/24/45Cpl. - 1342 A.T.C.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Mount Feake Cemetery
(Name of cemetery or crematory)on October 24, 1952Certified by H. J. Quinn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

OCT 21 1952

No. 52 17

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ernest R. Oulton

If a U. S. War Veteran, specify what war, organization, etc.

WW II - 2/8/43 to 4/15/46Pvt. - Air Force.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Riverside Cemetery, Saugus
(Name of cemetery or crematory)on October 23, 1952Certified by Alfred W. Rowers
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **52 17****BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to **Sumner C. Gage**Name of deceased **Ernest R. Oulton**Age **27** years **11** months **22** daysPlace of death **Framingham Rd, Southboro**Date of death **OCT 20 1952**Cause of death **Fract. Skull.**Interment at **Riverside Cem'y (Saugus)**Date permit issued **OCT 21 1952**Certified by **W. F. Mahoney (med. exam.)** M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to George E. Cranston via gaze of
140 W. Main, Wickford RI MarlboroName of deceased Eugene Stanton WoodAge 59 years 9 months 10 daysPlace of death Farm SchoolDate of death OCT 27 1952Cause of death Sudden death, presumably Coron. Scler.Interment at Elm Grove, Wickford RIDate permit issued OCT 28 1952Certified by Walker Mahoney (Med Exam) M. D.

NOV 1 1952

No. 52 19

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Fermina C. BaldelliIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on Nov. 3, 1952 10 A.M.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52 19**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to J. J. Callanan & Son Hopkinton.Name of deceased Termina G. Baldelli (nee Serfilippi)Age 59 years - months - daysPlace of death Gordville Rd., SouthboroDate of death 10 31 52Cause of death Carcinoma of lung.Interment at Rural - SouthboroDate permit issued NOV 1 1952Certified by Albert E. Le Marbre. M. D.

No. 52 20**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to George Sessions Sons Co 71 Pleasant. Wore.Name of deceased August Stucker.Age 83 years 5 months 8 daysPlace of death Southville Rd., Southville.Date of death 10 - 20 - 52Cause of death Cerebral Hemorrhage.Interment at Hope Cemetery WorcesterDate permit issued 11 22 52Certified by W. J. Cochrane Westboro. M. D.

No. 41721
52 20**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased August Stucker.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

HOPE CEMETERYat
(Name of cemetery or crematory)on NOV 22 1952Certified by George J. Cross
(Signature of Superintendent, cemetery or crematory)E. 572

If there is no officer in charge, undertaker should sign and return this stub.

No. 53 - 1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James William O'Brien

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)

on FEB 24 1953 ST. JOSEPH CEMETERY

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53' 1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Francis S. MahoneyName of deceased James W^m O'BrienAge 0 years 6 months 7 daysPlace of death Pine Hill Rd.Date of death 2 22 33Cause of death Asphyxiation orange juice
regurgitated
in tracheaInterment at St. Joseph's - W. RoxburyDate permit issued 2 24 33Certified by Walter Mahoney M. D.
Med. Exam.

No. 53-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert E. GrepeauIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cambridge Catholic
(Name of cemetery or crematory)on April 16, 1953Certified by Frank J. Munyan
(Signature of Superintendent, cemetery or crematory)
E. J. O'R.

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Frank Robichaud.Name of deceased Albert E. Gripeau.Age 40 years - months - daysPlace of death Deerfoot Rd (Deerfoot Farms)Date of death 4 - 14 - 53.Cause of death Hypertensive Heart Disease with
Coronary Occlusion - Pulmonary
Emphysema - Cor Pulmonale.Interment at Cambridge Cath., Cambridge.Date permit issued 4 - 14 - 53Certified by Walter F. Mahoney (M.E.) M. D.

No. 53-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Augustin Levesque.

If a U. S. War Veteran, specify what war, organization, etc.

WW II - data not available**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at South West End Mass
(Name of cemetery or crematory)on May 7, 1953Certified by Thud Rossignol
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Joseph H. Gouture

Name of deceased Augustin Levesque.

Age 48 years — months — days

Place of death Doerfor Rd (Aronson)

Date of death 5 4 53

Cause of death Sudden death, presumably coronary
Thrombosis

Interment at Sacred Heart Cemetery

Date permit issued 5 4 53

Certified by Walter F. Mahoney Med
Examiner
M. D.

This Permit Must Accompany Remains To Destination

FLORIDA

STATE BOARD OF HEALTH

Burial Permit No. 1014

BURIAL-TRANSIT PERMIT

Full name of deceased Frederick R. Woodward
Place of death St. Petersburg Pinellas Florida
(City) (County)
Date of death April 25 19 53 Color W Sex M Age 83
Method of disposal cremation Beach
(Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)
County St. Petersburg Beach State Florida

A certificate of death having been filed as required by the laws of this State, permission is hereby given to John S. Rhodes License No. 19
(Funeral Director or person acting as such)
to dispose of body of said deceased as above stated.
Date issued 4-27-53 Signature Emily B. Kneer, Dip.
(Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW
Body was cremated on April 29 19 53 in Beach Memorial Chapel
(State whether cremated, buried, stored, etc.) (Cemetery or Crematory)
Place St. Petersburg Beach, Florida Signature Paul E. Thompson
(Sexton or person in charge)

V.S. # 244 coronary occlusion

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

No. 53-4**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frederick R. WoodwardIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on May 19, 1953Certified by B. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W.M. Offutt - Supr of Cem'yName of deceased Frederick R. WoodwardAge 83 years - months - daysPlace of death St. Petersburg, Fla.Date of death 4 25 53Cause of death coronary occlusionInterment at Rural - SouthshoreDate permit issued 5 12 53Certified by Florida State Permit #1014 M. D.

No. 53-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace Maudie SmithIf a U. S. War Veteran, specify what war, organization, etc.
 ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 10, 1953Certified by Walter McQuinn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M. Tighe.Name of deceased Grace M. SmithAge 69 years months daysPlace of death Commons Rear Home.Date of death 6/8/53Cause of death Arteriosclerotic Heart Dis.Interment at Rural - Southboro.Date permit issued 6/8/53Certified by C W Smith M. D.

TRANSIT PERMIT

NEW YORK STATE DEPARTMENT OF HEALTH ALBANY

A Transit Permit and Transit Label issued by the Local Registrar of Vital Statistics must accompany each dead body transported by a common carrier.—Regulation 1, subdivision 1.

UNDERTAKER'S CERTIFICATE

I hereby Certify that the accompanying dead body of RICHARD C. BECKER
 Veteran* WWII who died in the City of Buffalo
 (If veteran, give name of War) (City, Village or Town)
 County of Erie, State of New York, on June 4, 1953 19....., Sex Male
 Color or race White, Age 32 years 1 months 27 days, Birthplace Worcester, Mass. and Cause of
 Death Carcinoma of Naso-pharynx with generalized carcinomatosis
 has been prepared for transportation strictly in accordance with Regulation 1, subdivision..... as printed with this blank. Certificate was signed by
Kenneth C. Olson, M.D., Address VA Hospital, Buffalo, NY Date of shipment 6-5-53
 19.....; Route of shipment New York Central Train #46; Point of
 shipment Buffalo, N.Y.; Point of destination By train to Framingham, Mass. then by
hearse to Westboro, Mass.
 (Signature of Undertaker) Thomas W. Davis 906.782
 Dated 6-5-53 19..... Address 3070 Delaware Avenue, Kenmore, N.Y.
 *Cross out words not applying.

PERMIT OF LOCAL REGISTRAR

DIST. No. 1498 Registered No. 142
 Date of issuance 6-5-53 19.....
 A satisfactory Certificate of Death for above decedent having been filed and recorded in my office, PERMISSION
 IS HEREBY GRANTED FOR THE REMOVAL AND SHIPMENT OF THE BODY.
 Deputy (Signature of Local Registrar) Robert J. Solentini
 Local Registrar of the City of Buffalo, VA Hospital, County of Erie
 (City, Village or Town) 3495 Bailey Avenue
 State of New York.

Only the Local Registrar (Deputy or Subregistrar) may issue a Burial, Removal or Transit Permit

Detach here and give part above to escort or attach to waybill if shipped by express

Always write legibly, with durable black ink

No. 53-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Richard C. Becker

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Final Bur. Southboro
(Name of cemetery or crematory)on June 8, 1953Certified by J. H. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-6**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Irving W. Harper, WestboroName of deceased Richard C. Becker.Age 32 years 1 months 27 daysPlace of death VA Hosp - Buffalo, N.Y.Date of death June 4, 1953Cause of death Carcinoma of Naso-pharynx with
generalized carcinomatosisInterment at Rural Cem. - WestboroDate permit issued 6/8/53Certified by Kenneth C. Olson M. D.
Info from N.Y. State Transit Permit.
Buffalo V.A. Hosp.

No. 53-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Robert J. Naberini Jr.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southborough, Mass.
(Name of cemetery or crematory)on June 12, 1953Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M. TigheName of deceased Robert J. Nabeinini, Jr.Age 1 years 0 months 6 daysPlace of death Impiike, Fayetteville.Date of death 6 9 53Cause of death Asphyxiation from by gas
and plaster door.Interment at Rural - SouthboroDate permit issued June 11, 1953Certified by Walter Mahoney (Med. Exam.) M. D.

No. 53-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Emgard Julia Noberini (née Schiller)If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southborough, Mass.
(Name of cemetery or crematory)on June 12, 1953Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William Tighe - marlboroName of deceased Emgard Julia Noberini, nee SchillerAge 27 years months daysPlace of death Turnpike, Fayville.Date of death June 9, '53Cause of death Asphyxiation by gas + plaster dust.Interment at Rural - SouthboroDate permit issued 6 - 11 - '53Certified by W. F. Mahoney (med. Exam.) M. D.

No. 53-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Florence TrioliIf a U. S. War Veteran, specify what war, organization, etc.
-**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on June 12, 1952Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Henry C. Boyle, Jr. Fran.Name of deceased Florence InchiAge 42 years - months - daysPlace of death Fairville - at the Post Office.Date of death 6 9 53Multiple Fractures, chest, ribs, legs

Cause of death

Interment at Rural SouthernDate permit issued 6 12 53Certified by Walter F. Mahoney ^(med exam) M. D.

No. 53-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.
(nee Winch)

Name of deceased Florence Ethel Uhlman

If a U. S. War Veteran, specify what war, organization, etc.

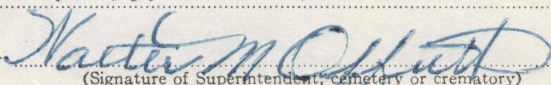
no

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro, Mass.
(Name of cemetery or crematory)

on July 18, 1953 3 P?M?

Certified by 
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. ColdwellName of deceased Florence Ethel Uhlman (nee Winch)Age 71 years 9 months 10 daysPlace of death Central St., SouthboroDate of death 7 16 53Cause of death PneumoniaInterment at Rural, SouthboroDate permit issued 7-16-53Certified by Roland S. Newton M. D.

No. 53-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James R. Sherrett

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on August 19, 1953 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased James R. Sherett

Age 42 years 9 months 12 days

Place of death Newton St., Southboro

Date of death 8 17 '53

Cause of death Sudden Death,
Presumably Coronary Thrombosis

Interment at Rural - Southboro

Date permit issued 8 18 '53

Certified by Walter Mahoney (med exam) M. D.

No. 53 - 12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Alfred DiPesa

If a U. S. War Veteran, specify what war, organization, etc.

none**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at HOLYHOOD CEMETERY
(Name of cemetery or crematory)on AUG 28 1953 Brookline, Mass.
HOLYHOOD CEMETERYCertified by William J. O'Hearn, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Alfred Di PesaAge 76 years 1 months 15 daysPlace of death Southboro Arms.Date of death 8 25 53Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Holyhood - Brookline.Date permit issued 8 27 '53Certified by Walker Mahoney (Medical Examiner) M. D.

No. 53-13**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. CaldwellName of deceased Alice May Draper (née Glover)Age 78 years 8 months 15 daysPlace of death Main St., SouthboroDate of death 8 30 '53Cause of death Coronary OcclusionInterment at Maplewood - MarlboroDate permit issued 8 31 '53Certified by R. S. Newton M. D.

Always write with black ink.

CONNECTICUT STATE DEPARTMENT OF HEALTH
Hartford, Connecticut, U. S. A.

REMOVAL, TRANSIT AND BURIAL PERMIT

(This permit is sufficient for removal of a body to any town and also for interment)

No. of permit _____

Date AUGUST 31, 1952

The certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Sanitary Code. Permission is granted to remove the body of

ALBERT KELLEY BABBITT

If veteran
name war NO

who died at STRATFORD CONVALESCENT HOSPITAL STRATFORD on AUGUST 30, 1953

| Date of Birth | Age (in years last birthday) | If under 1 year | | If under 1 day | |
|----------------------|---------------------------------|-----------------|------|----------------|-------|
| | | Months | Days | Hours | Mins. |
| <u>Jun 3 8, 1873</u> | <u>80</u> | | | | |

Sex Male Race or Color "hite"

Cause of death Cerebral Thrombosis-

for Burial in Southborough Rural Cemetery in Southborough, Mass.
(Name of Cemetery) (Town) (State)

Issued to Dennis & D'Arcy Fun. Dir. or Embalmer Address Stratford, Conn.

Embalmer's License No. 974

THIS IS NOT A CREMATION PERMIT

Assistant

Registrar of Vital Statistics

Town of STRATFORD

No. 53-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd. of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert Kelley BabbittIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Sept 2, 1953Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-14**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving H. HarperName of deceased Albert R. BallittAge 80 years - months - daysPlace of death Stratford, Conn.Date of death August 30, 1953Cause of death Cerebral ThrombosisInterment at Rural Cemetery SouthboroDate permit issued Sept 2, 1953

Certified by _____ M. D.

STATE OF NEW JERSEY

BURIAL OR REMOVAL PERMIT

Madison

Oct. 22

, 19 53

(City, borough or township and date)

The Certificate of death having been furnished me, as required by the laws of this State, permission is

hereby given for the burial of Frank Metcalf

Age

| Years | Months | Days |
|-------|--------|------|
| 83 | | |

who died in Madison

(City, borough or township)

Morris

on

October 21

, 19 53

(County)

Cause of Death Arteriosclerotic Heart Disease

Place of Burial Rural Cemetery, Southborough, Mass.

(Name of cemetery)

(Location)

Funeral Director

Burroughs & Kohr

Madison, N. J.

(Address)

Ann M. Spera

(Registrar of Vital Statistics)

This permit must be delivered to the keeper of the cemetery where burial is to take place, who should fill in the spaces on back of permit, sign same and forward it within ten days to the registrar of the district in which the cemetery is located.

PENALTY FOR BURYING WITHOUT A PERMIT, \$5 TO \$100

No. 53-15**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frank MercallyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Bury Southboro
(Name of cemetery or crematory)on Oct. 24, 1953Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-18**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Clementina Trioli nee CordaniAge 81 years - months - daysPlace of death Junipike, JayvilleDate of death 12 8 53Cause of death Cerebral HemorrhageInterment at Rural - SouthboroDate permit issued 12 8 53Certified by Walter F. Mahoney M. D.

No. 53-18**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Clementina TrioliIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Dec 4, 1953Certified by J. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-17**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Arline S. MorrisonAge 45 years 4 months 9 daysPlace of death E. Main St., Southboro.Date of death Nov 29 53Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Evergreen - Hopkinton.Date permit issued 11 30 53Certified by Walter Mahoney M. D.
Medical Examiner.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Arline G. Morrison

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen Cemetery Hopkinton Mass.
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on Tue. Dec. 1 1953 - Lot D15-#2

Certified by H. L. McIntire
(Signature of Superintendent)

(Signature of Superintendent, cemetery or crematorium)

N. L. MCINTIRE
SEXTON
Town of Hopkinton
Cemeteries

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-16**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased Harry L. Ladd.Age 83 years 5 months 24 daysPlace of death Cordaville Rd, Cordaville.Date of death 11 2 53Cause of death A.S. Heart Disease.Interment at Riverside, Springvale, Me.Date permit issued 11 2 53Certified by J. L. Stone M. D.

No. 53-15

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to W. M. Offutt.Name of deceased Frank McCall.Age 83 years - months - daysPlace of death Madison, N.J.Date of death 10 21 53Cause of death Arteriosclerotic Heart Disease.Interment at Rural - SouthboroDate permit issued 10 24 53Certified by New Jersey Burial Permit. M. D.

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK
BUREAU OF RECORDS AND STATISTICS

Nº 23870

BURIAL—CREMATION—TRANSPORTATION PERMIT

VENCKUNOS

Date 12/8/53

The Certificate of Death having been furnished to this Department, as required by the Sanitary Code, permission is hereby given to New York Sun Service of 148-150-27th St. N.Y.C. to remove the remains of Alexander J. Venckunos Aged 75 Yrs. Mos. Days, who died at 383-101st St. Borough of Bklyn. City of New York, on 12/8/53, 19 , from Chapin Cremation* for Burial* at Forest Cemetery on 12/12/53 19

This permit must be handed to the Keeper of the Cemetery or Crematory by the Funeral Director in charge of the funeral.

* Cross out one.

Funeral Home

ABRAHAM STERN
Borough Registrar

Per [Signature]

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Alexander Venckunos

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

at Rural Cem. Southboro
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on December 12, 1957

Certified by Karen M. O'Leary
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-19**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Alexander VENCKUNOSAge 75 years - months - daysPlace of death 383 South 3rd St, Brooklyn.Date of death 12 8 53Cause of death -Interment at Bural - SouthtownDate permit issued 12 12 53Certified by NY City Cert # 23870 M. D.

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Walter William Collins

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Beverly Farms Cemetery
(Name of cemetery or crematory)

on Dec. 16, 1953

Certified by Frederic H. Sanborn, Supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53.20**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Walter William CollinsAge 75 years 7 months 7 daysPlace of death Lovers Lane, SouthboroDate of death 12 14 53Cause of death BronchopneumoniaInterment at Beverly Farms (Mass.) Cem'yDate permit issued 12 15 53Certified by J. L. Stone M. D.

PERMIT FOR REMOVAL OF CREMATED OR INTERRED HUMAN REMAINS

| | | | | | | | | | |
|---|---|---|---|--|---|--|---|---|---|
| DECEDENT PERSONAL DATA | NAME OF DECEDENT—FIRST NAME <div style="border-bottom: 1px solid black; padding: 2px;">Elinor</div> | | MIDDLE NAME <div style="border-bottom: 1px solid black; padding: 2px;">Burnett</div> | | LAST NAME <div style="border-bottom: 1px solid black; padding: 2px;">Bishop</div> | | | | |
| | AGE <div style="border-bottom: 1px solid black; padding: 2px;">81</div> | SEX <div style="border-bottom: 1px solid black; padding: 2px;">Female</div> | | DATE OF DEATH <div style="border-bottom: 1px solid black; padding: 2px;">Nov 30 1953</div> | | | | | |
| PLACE OF DEATH | PLACE OF DEATH—CITY OR TOWN <div style="border-bottom: 1px solid black; padding: 2px;">Pasadena</div> | | | | PLACE OF DEATH—COUNTY <div style="border-bottom: 1px solid black; padding: 2px;">Los Angeles</div> | | | | |
| APPLICANT | NAME OF PERSON APPLYING FOR PERMISSION TO REMOVE REMAINS <div style="border-bottom: 1px solid black; padding: 2px;">Mary J. Van Meter, (daughter) Live Oak Cemetery—acting agent</div> | | | | | | | | |
| REMOVAL DATA | FROM: CITY OR TOWN <div style="border-bottom: 1px solid black; padding: 2px;">Monrovia</div> , CALIFORNIA | | | TO: CITY OR TOWN, STATE <div style="border-bottom: 1px solid black; padding: 2px;">Southboro, Mass.</div> | | | | | |
| RE-INTERMENT DATA | NAME OF CEMETERY TO WHICH REMAINS ARE TO BE DELIVERED <div style="border-bottom: 1px solid black; padding: 2px;">St. Marks Episcopal Church.</div> | | | | | | | | |
| LOCAL REGISTRAR OF VITAL STATISTICS | <p style="text-align: center;">In accordance with provisions of the Health and Safety Code permission is hereby granted to the applicant named above, for the disinterment and removal of the above identified remains, as specified in this permit.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE OF LOCAL REGISTRAR OF VITAL STATISTICS <div style="border-bottom: 1px solid black; padding: 2px;"> <div style="font-family: cursive; font-size: 1.2em;">Roy G. Helquist</div> </div></td> <td style="width: 20%;">REGISTRATION DISTRICT NUMBER <div style="border-bottom: 1px solid black; padding: 2px;">1908</div></td> <td style="width: 30%;">DATE PERMIT ISSUED <div style="border-bottom: 1px solid black; padding: 2px;">Dec 1 1953</div></td> </tr> </table> | | | | | | SIGNATURE OF LOCAL REGISTRAR OF VITAL STATISTICS <div style="border-bottom: 1px solid black; padding: 2px;"> <div style="font-family: cursive; font-size: 1.2em;">Roy G. Helquist</div> </div> | REGISTRATION DISTRICT NUMBER <div style="border-bottom: 1px solid black; padding: 2px;">1908</div> | DATE PERMIT ISSUED <div style="border-bottom: 1px solid black; padding: 2px;">Dec 1 1953</div> |
| SIGNATURE OF LOCAL REGISTRAR OF VITAL STATISTICS <div style="border-bottom: 1px solid black; padding: 2px;"> <div style="font-family: cursive; font-size: 1.2em;">Roy G. Helquist</div> </div> | REGISTRATION DISTRICT NUMBER <div style="border-bottom: 1px solid black; padding: 2px;">1908</div> | DATE PERMIT ISSUED <div style="border-bottom: 1px solid black; padding: 2px;">Dec 1 1953</div> | | | | | | | |
| RECEIPT OF REMAINS | SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT OF REMAINS <div style="border-bottom: 1px solid black; padding: 2px;"> <div style="font-family: cursive; font-size: 1.2em;">H. J. ...</div> </div> | | | | DATE REMAINS RECEIVED <div style="border-bottom: 1px solid black; padding: 2px;">12/1/53</div> | | | | |

SEE INSTRUCTIONS ON THE REVERSE OF THIS FORM

No. 53-21

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Elinor Burnett Bishop

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burnett Memorial Park
(Name of cemetery or crematory)

on Dec. 19, 1953

Certified by Harry Gunderball, Rector
(Signature of Superintendent, cemetery or crematory)

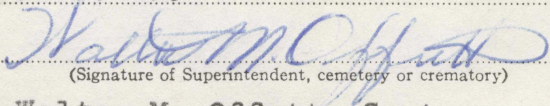
If there is no officer in charge, undertaker should sign and return this stub.

No. 53-21

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Rev. H. E. Goll.Name of deceased Elinor Burnett Bishop.Age 81 years — months — daysPlace of death Pasadena, Cal.Date of death Nov 30, 1953Cause of death not givenInterment at St. Mark's Church Cem'y.Date permit issued 12-18-53Certified by Registrar of Vital Statistics
Registration District # 1908 M. D.
California.

No. 54-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **John J. Cocker**If a U. S. War Veteran, specify what war, organization, etc.
---**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cemetery, Southboro, Mass.**
(Name of cemetery or crematory)on **January 19, 1954** **10 A.M.**Certified by 
(Signature of Superintendent, cemetery or crematory)**Walter M. Offutt, Supt.**

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased John J. CokerAge 67 years 9 months 23 daysPlace of death Pleasant St., FayettevilleDate of death 1 16 54Cause of death Sudden Death, presumably Coronary
ThrombosisInterment at Rural - SouthboroDate permit issued 1 18 54Certified by Walter Mahoney ^(Med Examiner) M. D.

FLORIDA

STATE BOARD OF HEALTH

Burial Permit No. 459

BURIAL-TRANSIT PERMIT

Full name of deceased Regina Collette
 Place of death St. Petersburg Pineellas Florida
 (City) (County)
 Date of death Feb. 16 1954 Color W Sex M Age 65
 Method of disposal removal municipal
 (Whether burial, cremation, transportation, storage, etc.) (Cemetery or ~~Crematory~~)
 County Southboro State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to John S. Rhodes License No. 19
 (Funeral Director or person acting as such)
 to dispose of body of said deceased as above stated.
 Date issued 2-18-54 Signature Emily B. Kren
 (Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19 _____ in _____
 (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

Place _____ Signature _____
 (Sexton or person in charge)

V.S. # 244

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

No. 54-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Regis Collette

If a U. S. War Veteran, specify what war, organization, etc.

? No**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on February 22, 1954 10 A.M.Certified by Katherine M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54.2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Walter Offutt - Cemng Supt

Name of deceased

Regis Collette

Age

65

years

-

months

-

days

Place of death

Sr. Petersburg, Florida.

Date of death

2 16 54

Cause of death

Myocardial Infarction.

Interment at

Rural - Southboro

Date permit issued

2 22 54

Certified by

Fla. B & H Permit.

M. D.

No. 54-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Jennie (Walker) DeMoneIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cem. Southboro, Mass.
(Name of cemetery or crematory)on March 15, 1954 3 P.M.Certified by Harold M. Coffey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Bookson Funeral Home
(Framingham)Name of deceased Jennie (Walker) DeMoreAge 78 years 8 months 2 daysPlace of death Lotisquama RdDate of death 3-12-54Cause of death Acute Cardiac InsufficiencyInterment at Rural - SouthboroDate permit issued 3-13-54Certified by J. H. McCann M. D.
(Med Examiner)

FLORIDA

STATE BOARD OF HEALTH

Burial Permit No. 1117

BURIAL-TRANSIT PERMIT

Full name of deceased William J. Bauffard
 Place of death St. Petersburg Florida
 (City) (County)
 Date of death Apr. 25 1954 Color W Sex M Age 68
 Method of disposal removal
 (Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)
 County Southboro State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to John S. Shades License No. 19
 (Funeral Director or person acting as such)
 to dispose of body of said deceased as above stated.
 Date issued 4-27-54 Signature Emily B. Kren
 (Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19____ in _____
 (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)
 Place _____ Signature _____
 (Sexton or person in charge)

V.S. # 244

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

No. **54-4****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to *Agent* **BOARD OF HEALTH**
(Office issuing permit)City or Town of *Southboro* Mass.Name of deceased *William J. Bouffard*If a U. S. War Veteran, specify what war, organization, etc.
*—***ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat *Rural Cem. Southboro*
(Name of cemetery or crematory)on *May 3, 1954*Certified by *H. M. Offutt*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Walter Offutt.Name of deceased William J. BouffardAge 68 years months daysPlace of death St. Petersburg, Fla.Date of death 4 25 54Cause of death CVAInterment at Rural - Southboro

Date permit issued

Florida Burial Permit #1117Certified by dtl 4-27-54 M. D.Heck

No.

54-5

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Milford W. Hamelin

If a U. S. War Veteran, specify what war, organization, etc.

WWI : 26th Div - 104 Inf. - Co L - Pvt.

ASN 73545 9/12/16 → 6/27/19

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

St Mary's Cemetery, Marlboro

on

6/2/1954

Certified by

Robert Quinn

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Milford W. HamelinAge 78 years 4 months 24 daysPlace of death Winchester St., SouthboroDate of death 5-30-54Cause of death Coronary OcclusionInterment at St. Mary's - MarlboroDate permit issued 6-1-54Certified by Wm Delaney M. D.

This Coupon to be returned immediately, properly endorsed

to Agent, **BOARD OF HEALTH**
(Office issuing permit)

City or Town of Southboro, Mass.

Name of deceased Charles Fantony

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on June 21, 1954 10 a.m.

Certified by John M. O'Leary
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

54-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Charles Fantasy

Age

66

years

10

months

26

days

Place of death

Jungpik, Fayette

Date of death

JUN 18 1954

Cause of death

Coronary Thrombosis

Interment at

Rural Cem., Southboro

Date permit issued

JUN 18 1954

Certified by

TIMOTHY P. STONE

M. D.

No. **54-7****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, BOARD OF HEALTH**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **William H. Park.**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cemetery, Southboro, Mass.**
(Name of cemetery or crematory)on **June 22, 1954** **2-30 P.M.**Certified by **Halter M. Offutt**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased William Hamblen ParkAge 52 years 8 months 18 daysPlace of death Impike, FayetteDate of death JUN 19 1954Cause of death Coronary ThrombosisInterment at Rural Cem., SouthboroDate permit issued JUN 21 1954Certified by TIMOTHY P. STONE M. D.

No. **54-8****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent,** **BOARD OF HEALTH**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **Florence Myrtle Legay**If a U. S. War Veteran, specify what war, organization, etc.
— —**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cemetery, Southboro, Mass.**
(Name of cemetery or crematory)on **June 22, 1954** **3 P.M.**Certified by **Nathan M. Offutt**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

54-8

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Seymour O. Wood

Name of deceased

Florence Myrtle Legay

Age

70

years

4

months

9

days

Place of death

Parkerville Rd., Southville

Date of death

JUN 20 1954

Cause of death

Natural causes: Heart disease -
presumably coronary sclerosis.

Interment at

Rural Cem - Southboro

Date permit issued

JUN 21 1954

Certified by

S. Alden Guild (medical
examiner)

M. D.

No. **54-9****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent**, **BOARD OF HEALTH**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **Ann T. (Carey) Baker.**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cem. Southboro**
(Name of cemetery or crematory)on **June 30, 1954**Certified by **Walter M. Offutt**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

54-9

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Ann T (Carey) Baker

Age

49

years

6

months

26

days

Place of death

Middle Rd, Southboro

Date of death

JUN 27 1954

Cause of death

Carcinoma of Cervix

Interment at

Rural - Southboro

Date permit issued

JUN 29 1954

Certified by

J. P. Ahearn

M. D.

No. **54 10**
JUL 3 1954

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to **Agent** **BOARD OF HEALTH**
 (Office issuing permit)

City or Town of **Southboro** Mass.

Name of deceased **Michael C. Peters**

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cem. Southboro**
 (Name of cemetery or crematory)

on **July 3, 1954** **9:00 A.M.**
 Certified by **Walter M. Offutt**
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **54 10****BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to **Donald C. Morris - Southboro**Name of deceased **Michael C. Peters**Age **3** years **11** months **26** daysPlace of death **Indbury River - Southville.**Date of death **JUL 1 - 1954**Cause of death **Asphyxiation by Drowning**Interment at **Rural - Southboro.**Date permit issued **JUL 3. 1954**Certified by **Dr. Mahoney - med/examiner** M. D.

No. **54 11**
JUL 13 1954

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to **Agent**, **BOARD OF HEALTH**
 (Office issuing permit)

City or Town of **Southboro** Mass.

Name of deceased **George Dexter Parmenter**

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Edgell Grove Cemetery Framingham**
 (Name of cemetery or crematory)

on **July 14, 1954**

Certified by **Wayne L. Morgan** Supt
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Richard P. Coldwell.

Name of deceased

George Dexter Parmenter.

Age

79

years

0

months

4

days

Place of death

Oak Hill Rd., Fayetteville.

Date of death

JUL 12 1954

Cause of death

Cancer, abdominal

Interment at

Edgell Grove - Fram. Str.

Date permit issued

JUL 13 1954

Certified by

Roland S. Newton

M. D.

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Avara (Reynolds) Nelson

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cem. Southboro
at
(Name of cemetery or crematory)

on December 27, 1954

Certified by J. M. O'Leary
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Harper - WestboroName of deceased Avana (Reynolds) NelsonAge 58 years 3 months 11 daysPlace of death Southville Rd., SouthvilleDate of death 12/25/54Cause of death Metastatic CarcinomaInterment at Rural - SouthboroDate permit issued 12/26/54Certified by Marilyn Meserve. M. D.

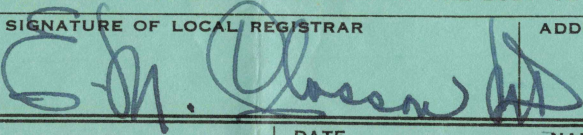
tuned 1/10/55

No. 55-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Donald C. Morris and
Walter Offutt*Name of deceased *Joseph Ramelli*Age *57* years months daysPlace of death *Tucson, Arizona*Date of death *1/5/55*Cause of death *not given*Interment at *Rural Cem'y - Southboro*Date permit issued *Jan 9, 1955*Certified by *Arizona Dept Health* M. D.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BURIAL OR REMOVAL PERMIT

| | | | | | |
|---|--|----------|--|---------------|---|
| PERSONAL DATA ON DECEASED | NAME OF DECEASED (FIRST) (MIDDLE) (LAST) | | | SEX | AGE |
| | Joseph Ramelli | | | Male | 57 |
| MANNER AND PLACE OF DISPOSAL | PLACE OF DEATH (COUNTY) (CITY) (STATE) | | | DATE OF DEATH | |
| | Pima Tucson, Arizona | | | 1/5/55 | |
| AUTHORI- ZATION TO DISPOSE OF BODY | <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION | | FUNERAL DIRECTOR OR PERSON ACTING AS SUCH REILLY FUNERAL HOME Tucson, Arizona | | |
| | PLACE OF BURIAL REMOVAL OR CREMATION | | (CEMETERY OR CREMATORIUM) (CITY) (STATE) Southboro, Mass. | | |
| DISPOSI- TION OF BODY | A Death Certificate HAVING BEEN FILED IN ACCORDANCE WITH THE LAWS OF ARIZONA AND THE REGULATIONS OF THE STATE BOARD OF HEALTH, I HEREBY AUTHORIZE DISPOSITION OF THE BODY OR FETUS IN THE MANNER ABOVE STATED. | | | | |
| | SIGNATURE OF LOCAL REGISTRAR | | | ADDRESS | DATE ISSUED |
|  | | | Tucson, Arizona | 1/6/55 | |
| DISPOSI- TION OF BODY | BODY WAS | DATE | NAME OF CEMETERY OR CREMATORIUM | | |
| | <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED | 6 | | | |
| | | LOCATION | (CITY) | (STATE) | SIGNATURE OF CEMETERY KEEPER OR PERSON IN CHARGE |
| | | | | | |

BURIAL OR REMOVAL PERMIT

Donald C. Morris Funeral Home
 Main Street
 Southboro, Mass.

PERSONAL
DATA ON
DECEASED

NAME OF
DECEASED

PLACE OF
DEATH

DISPOSAL
PLACE OF
REMOVAL OR
CREMATION

☐ BURIAL
☐ REMOVAL
☐ CREMATION

DISPOSAL
OF BODY
TO
AUTHORITY

SIGNATURE OF LOCAL HEALTH OFFICER

BODY WAS

☐ BURIED
☐ CREMATED

DISPOSAL
OF BODY

DATE

LOCATION

ADDRESS

NAME OF CEMETERY OR REPOSITORY

STATUS

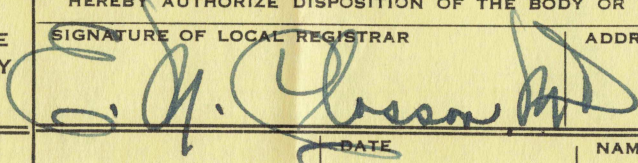
SIGNATURE OF CEMETERY KEEPER
OR PERSON IN CHARGE

DATE ISSUED

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

BURIAL OR REMOVAL PERMIT

| | | | | | |
|--|--|--|--|---|-----------------------|
| PERSONAL DATA ON DECEASED | NAME OF DECEASED (FIRST) (MIDDLE) (LAST) Joseph Ramelli | | | SEX Male | AGE 57 |
| | PLACE OF DEATH (COUNTY) (CITY) (STATE) Pima Tucson, Arizona | | | DATE OF DEATH 1/5/55 | |
| MANNER AND PLACE OF DISPOSAL | <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION | | FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (NAME) (ADDRESS) REILLY FUNERAL HOME Tucson, Arizona | | |
| | PLACE OF BURIAL REMOVAL OR CREMATION (CEMETERY OR CREMATORIUM) (CITY) (STATE) Southboro, Mass. | | | | |
| AUTHORI- ZATION TO DISPOSE OF BODY | A Death Certificate HAVING BEEN FILED IN ACCORDANCE WITH THE LAWS OF ARIZONA AND THE REGULATIONS OF THE STATE BOARD OF HEALTH, I HEREBY AUTHORIZE DISPOSITION OF THE BODY OR FETUS IN THE MANNER ABOVE STATED. | | | | |
| | SIGNATURE OF LOCAL REGISTRAR  | | | ADDRESS Tucson, Arizona | DATE ISSUED 1/6/55 |
| DISPOSI- TION OF BODY | BODY WAS 0 | | NAME OF CEMETERY OR CREMATORIUM | | |
| | <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED | | LOCATION (CITY) (STATE) | SIGNATURE OF CEMETERY KEEPER OR PERSON IN CHARGE | |

| | | | | | | | | | |
|----------------------------------|--|--|--|--|--|---------------|--|--------|--|
| PERSONAL DATA ON DECEASED | | NAME OF DECEASED | | Donald C. Morris Funeral Home | | SEX | | AGE | |
| PLACE OF DEATH | | PLACE OF DEATH | | Main Street | | DATE OF DEATH | | 1/6/55 | |
| MANNER AND | | <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION | | FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | | ADDRESS | | 1/6/55 | |
| PLACE OF REMOVAL OR CREMATION | | PLACE OF BURIAL | | CEMETERY OR CREMATORY | | CITY | | STATE | |
| AUTHORIZATION TO DISPOSE OF BODY | | SIGNATURE OF LOCAL REGISTRAR | | ADDRESS | | DATE ISSUED | | 1/6/55 | |
| DISPOSITION OF BODY | | <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED | | LOCATION | | CITY | | STATE | |
| BODY WAS | | NAME OF CEMETERY OR CREMATORY | | SIGNATURE OF CEMETERY KEEPER OR PERSON IN CHARGE | | DATE | | 1/6/55 | |

HAVING BEEN MADE IN ACCORDANCE WITH THE LAWS OF ARIZONA AND THE REGULATIONS OF THE STATE BOARD OF HEALTH, I HEREBY AUTHORIZE DISPOSITION OF THE BODY OR FETUS IN THE MANNER ABOVE STATED.

BURIAL OR REMOVAL PERMIT

DIVISION OF VITAL STATISTICS
ARIZONA STATE DEPARTMENT OF HEALTH

No. 55-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Joseph RamelliIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Jan. 10, 1955Certified by W. M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55.2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Howard P. LaneAge 89 years 6 months 19 daysPlace of death Middle Rd., SouthboroDate of death 1/14/55Cause of death BronchopneumoniaInterment at Rural Cem., SouthboroDate permit issued 1/16/55Certified by Marilyn Meserve M. D.

No. 55-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Howard P. LaneIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on January 16, 1955 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to C. Ronald Merriam
Fram.Name of deceased Mildred E. (Leighton) PaulAge 76 years 9 months 28 daysPlace of death Boston Rd.Date of death 1/29/55Cause of death Carcinoma of The BreastInterment at Mt. Auburn - Auburn - MaineDate permit issued 1/31/55Certified by Wilfred M. Watson M. D.

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of P.O. Box 121, Southboro Mass.

Name of deceased Mildred E. (Leighton) Paul

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mount Auburn Cemetery
(Name of cemetery or crematory)

on Feb. 1-1955

Certified by Harry E. Booth, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. Coldwell, Marl.Name of deceased Wheelock C. BurgessAge 77 years 4 months 3 daysPlace of death Oak Hill Rd., FayvilleDate of death 2/3/55Cause of death Natural Causes - presumably
Coronary OcclusionInterment at Maplewood - Marl.Date permit issued 2/3/55Certified by S. Alden Guild M. D.
(med Exam)

No. 55-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving M. HarperName of deceased Edward C. RamsdellAge 88 years 7 months 1 daysPlace of death Prentiss St., SouthvilleDate of death 3/15/55Cause of death Sudden Death, presumably
Coronary SclerosisInterment at Rural Cem. - WorcesterDate permit issued 3/16/55Certified by Walter Mahoney M. D.
(med. Exam.)

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Edward C. Ramsdell

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **RURAL CEMETERY CREMATORY, WORCESTER, MASS.**
(Name of cemetery or crematory)

on March 17, 1955

Certified by James Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **55-6****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**
(Office issuing permit)City or Town of **P.O. Box 121, Southboro** Mass.Name of deceased **Arthur D. Monroe**If a U. S. War Veteran, specify what war, organization, etc.

—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.at
(Name of cemetery or crematory)on **May 22, 1955**Certified by **Ernest Hansen**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Arthur David MonroeAge 41 years 8 months 25 daysPlace of death Woodland Rd.Date of death 5/20/55Cause of death Coronary OcclusionInterment at Rural Crematory, Wisc.Date permit issued 5/22/55Certified by Donald E. Love. M. D.

No. 55-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Marjorie (Fuller) McCobbAge 40 years 10 months 7 daysPlace of death Lynman St., San BrunoDate of death 11/30/55Cause of death Coronary ThrombosisInterment at RuralDate permit issued 12/3/55Certified by Cochrane M. D.

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Marguerite (Fuller) McCobb

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on Dec. 3, 1955

Certified by H. M. O'Neil, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Jessie (Buchanan) VaughanAge 77 years 10 months 15 daysPlace of death Framingham Rd., SouthboroDate of death December 21, 1955Cause of death Uremia, Chr. glomerulonephritisInterment at RuralDate permit issued 12/22/55Certified by J. P. Ahearn M. D.